



Quick and Basic Training Guide for Child and Adolescent Overweight and Obesity

Three Modules for Provider Training

*Based on the California Medical Association Foundation
Child and Adolescent Obesity Provider Toolkit*

GET MOVING EAT SMART PULL THE PLUG DRINK WELL

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- Health Education Workgroup

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National Committee for Quality Assurance

A handwritten signature in black ink, appearing to read "Seleda Williams", with a long horizontal flourish extending to the right.

Seleda Williams MD, MPH

INTRODUCTION

In 2008, in response to the rising rates of obesity and the associated co-morbidities, the California Medical Association Foundation (CMAF) and the California Association of Health Plans created three provider toolkits for obesity screening and treatment:

- Child and Adolescent Obesity Provider Toolkit
- Adult Obesity Provider Toolkit
- Pre/Post-Bariatric Surgery Provider Toolkit

The Child and Adolescent Obesity Provider Toolkit (Toolkit) was based on an expert panel of physicians, academic medical centers, health plans, and other health care providers. It is a comprehensive collection of clinical guidelines, tools, and resources to assist medical providers with effectively addressing childhood obesity in the primary care setting. It includes specific information on calculating body mass index (BMI); effective communication techniques; patient management strategies; documentation and procedure codes; and patient education resources.

The clinical guidelines in the Toolkit were obtained from the 2007 American Medical Association (AMA) Expert Committee Recommendations Regarding the Prevention, Assessment and Treatment of Child and Adolescent Overweight and Obesity¹ which has four stages for treatment:

Stage 1: Prevention Plus

Stage 2: Structured Weight Management

Stage 3: Comprehensive Multidisciplinary Intervention

Stage 4: Tertiary Care Intervention

The AMA Expert Recommendations were refined by the National Initiative for Children's Healthcare Quality (NICHQ) Childhood Obesity Action Network which uses the following steps for assessment and treatment:

Step 1: Obesity Prevention at Well Care Visits (Assessment and Prevention)

Step 2: Prevention Plus Visits (Treatment)

Step 3: Going Beyond Your Practice (Prevention and Treatment)

This "Quick and Basic Training Guide for Child and Adolescent Overweight and Obesity" (Training Guide) uses the NICHQ Implementation Guide from the Childhood Obesity Action Network (COAN) as the framework for training providers in primary care settings on the prevention, assessment and treatment of childhood obesity. The NICHQ implementation guide defines three steps to implement the 2007 Expert Committee recommendations. The two steps related to the primary care setting and that will be referenced in the training are: Step 1: Obesity Prevention at Well Care Visits (Assessment and Prevention) and Step 2: Prevention Plus Visits (Treatment).

The California Department of Health Care Services (DHCS) is partnering with CMAF to provide you with this companion training curriculum for the CMAF Child & Adolescent

¹ Barlow SE and Expert Committee. Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight & Obesity: Summary Report. *Pediatrics*. 2007;120;S164-S192

Obesity Provider Toolkit. DHCS's Medi-Cal Managed Care Division and Child Health and Disability Prevention Program have worked with Medi-Cal Managed Care Health Plans (Health Plans) and CHDP providers to compile this easy to use training guide.

The purpose of the Training Guide is to assist trainers with educating providers and provider office staff to improve key provider skill sets that are pivotal to addressing childhood obesity in the primary care setting.

This Training Guide includes three modules:

1. Body Mass Index (BMI) Screening
2. Preventive Counseling
3. Clinical Follow-up Protocol and Resources

The following information will provide ideas on how to use these modules to implement provider trainings on obesity screening and counseling.

PLANNING A TRAINING

Who Conducts the Training?

The training curriculum can be conducted by health professionals who are in a position to train medical providers or health care staff. Health Plan Medical Directors can play a role in organizing and delegating the appropriate staff to conduct the trainings. This may include:

- Health educators or nurses from health plans
- Nurses, health educators or nutritionists from CHDP
- In-service trainers or supervisors at provider sites
- Other health professionals

There may be opportunities to partner with other entities that provide in-service education to health care providers. For instance, the CHDP nurse and health plan educator may choose to work together to provide the trainings, if their audience providers are the same.

Time Frame for Training

The three modules are designed to take approximately 30-45 minutes each. The modules could be presented together in a workshop lasting 2 hours or more, or as separate units, depending on the provider needs, time availability, and setting.

Training Settings

Office/Clinic

A large pediatric or primary care setting may wish to have you provide the training specifically for their staff at their provider site. This makes it very convenient for the staff to attend. In this case, it is likely you would present one module at a time with trainings done at three different times and targeted to specific provider office staff. For example, the BMI Screening Module may be presented for the medical assistants and nursing

staff during the lunch hour. The Preventive Counseling Module may be presented for medical providers who are responsible for patient counseling during their medical staff meetings. Inquire as to the best time to schedule the presentation when staff is not seeing patients.

Regional Workshops

The advantage of a workshop is that many providers will come to one location. In this case, you may present all three modules in a workshop lasting two hours. The workshop should be offered at a central location and at a time that is convenient to providers and staff.

Other Training Tips

Food/Refreshments

It is likely that you will be providing food or refreshments, especially if the training or in-service is conducted during lunch or dinner hour for the provider staff. This is often considered an attractive incentive for attending. If you do serve a meal or refreshments, provide healthy food choices. This will model the positive health behaviors being presented as part of obesity screening and education. A useful resource is a booklet from the American Cancer Society called “Meeting Well: A Tool for Planning Healthy Meetings and Events.” For a copy, call your local American Cancer Society office or 1-800-ACS-2345.

USING THE CURRICULUM

Each module has specific learning objectives, an instructional plan for defined skill sets and a list of core materials with referenced sections to the CMAF Child and Adolescent Obesity Provider Toolkit. It is recommended that you assemble individual training packets that include the selected module, corresponding core materials, and relevant community resources. It is not necessary to print a complete Child and Adolescent Obesity Provider Toolkit but at minimum make a copy of the pages in the Toolkit that are referenced in the module.

Providers should be reminded that the entire Toolkit can be accessed online, so they can refer to all sections, if needed. The link to the CMAF Toolkit is listed at the end of each module under Core Materials. The advantage of online access over a hard copy is the provider will have access to current information when updates to the Toolkit are made. You could also consider providing one copy of the Toolkit for each provider site rather than each trainee if your providers want to have a hard copy.

Other Resources or Handouts Needed

The following materials are referenced in the Training Guide and should be provided at the training. Website links are listed for most of these resources in Core Materials section of each module.

- BMI Wheel or other BMI calculator
- CDC BMI Percentile-for-Age Growth Charts
- CHDP/Kaiser Poster, “Little Change. Big Rewards. Are you ready”?
- CHDP My Healthy Lifestyle Goal Tracker

- Pediatric Obesity and Patient Education Resource Guide
- Local health education resources or community program information (*No website is listed because resources are community specific.*)

Evaluation

It is always useful to get feedback from participants attending the trainings. A sample Evaluation Form is included in the Supplemental Training Materials section of the Training Guide. Edit the evaluation form so it is specific to your audience; provide it at the conclusion of your workshop.

Training Goal

To provide three training modules for trainers to use for improving the skills of medical providers and their support staff in screening, counseling, and clinical follow-up for childhood overweight and obesity. Trainings will be based on the California Medical Association Foundation (CMAF) Child and Adolescent Obesity Provider Toolkit.

The three training modules are:

1. Body Mass Index (BMI) Screening
2. Preventive Counseling
3. Clinical Follow-up and Resources

Training Objectives for All Training Modules

After participating in all training modules, participants will:

- Become familiar with information and materials in the CMAF Child & Adolescent Obesity Provider Toolkit
- Understand how to implement three specific provider skills: Body Mass Index (BMI) Screening; Preventive Counseling and Clinical Follow-up and Resources
- Understand how to use Steps 1 and 2 (Obesity Prevention at Well Care Visits and Prevention Plus Visits) of the National Initiative for Children's Healthcare Quality (NICHQ) Implementation Guidelines, Childhood Obesity Assessment and Treatment
- Understand the basic recommendations made in the 2007 American Medical Association (AMA) Expert Committee Recommendations regarding the Prevention, Assessment and Treatment of Child and Adolescent Overweight and Obesity
- Understand the importance of documenting BMI measurement, nutrition counseling, and physical activity counseling as specified for the new pediatric obesity HEDIS quality measures.

MODULE 1

Training Objectives for BMI Screening

By the end of this training module, participants will:

- Understand the importance of accurate height and weight measurements for determining body mass index (BMI) number
- Identify accurate techniques to weigh and measure children and adolescents
- Demonstrate how to determine BMI number using the BMI wheel and plot BMI number on CDC BMI-for-Age Percentile growth charts to obtain BMI-for-Age Percentile
- Reference the CMAF Toolkit for calculating and using BMI
- Understand that BMI measurement is important to document in the medical record and on other specific forms

Instructional Plan for BMI Screening

BMI Screening

Audience: This module is primarily intended for medical assistants or other ancillary staff that would be involved with BMI Screening.

Reference: CMAF Toolkit, Chapter 2.

Introduction: BMI is an important measurement that should be done at every well-child visit. BMI is an accepted screening method for determining weight status, such as obesity. Childhood obesity is a serious concern, because children are being diagnosed with serious health problems, like diabetes and heart disease, at very young ages. Routine BMI screening helps medical providers identify children and adolescents who are overweight and obese and it creates an opportunity to counsel all children and families on the importance of nutrition and physical activity.

<u>Skill Sets</u>	<u>Important Points</u>
What is BMI? <i>Resources:</i> <i>CMAF Toolkit, Chap. 2</i> ¹ <i>CHDP Provider Training,</i> <i>“Assessing Child Growth</i> <i>using the BMI-for-age</i> <i>Growth Charts”</i> ²	<ul style="list-style-type: none">• A screening method for determining weight (nutrition) status starting at age two to 20 years• A calculation that compares a child's weight to height
3 Steps to determine BMI Percentile:	<ol style="list-style-type: none">1. Measure height and weight2. Calculate BMI number3. Plot BMI number on CDC BMI-for-Age Growth Chart for boys or girls

<p>Need for Accuracy</p> <p><i>Resource: CHDP Provider Training, "How to Accurately Weigh and Measure Children for the CHP Well-Child Exam"³</i></p>	<ul style="list-style-type: none"> • Small errors in measuring height and weight may put a child at a higher BMI (indicating obesity) and create an inaccurate diagnosis and unnecessary concern. • Important to use correct measuring technique for accurate height and weight
<p>Accurate Measuring of Height and Weight</p> <p><i>Resource: CHDP Provider Training, "How to Accurately Weigh and Measure Children for the CHP Well-Child Exam"³</i></p>	<ul style="list-style-type: none"> • Height Measurement: CHDP recommends using a Stadiometer- a height measuring device <ul style="list-style-type: none"> ○ Measure to the quarter inch ○ Shoulder blades, buttocks and heels all touching the measurement surface ○ Child looking straight ahead ○ Arms at side ○ Toes straight and knees together ○ Shoes off, feet flat and heels almost together • Weight Measurement: (<i>Scales should be calibrated.</i>) <ul style="list-style-type: none"> ○ Balance scale to zero ○ Weigh in pounds to the nearest ounce ○ Weigh in undergarments/gown/lightweight clothing ○ Socks/bare feet ○ If necessary, use alternate weighing method: <ul style="list-style-type: none"> ▪ Weigh parent/child ▪ Weigh parent alone ▪ Subtract parent weight from total parent/child weight
<p>Calculating BMI Number</p> <p><i>Resources: CMAF Toolkit, Chap. 2¹ CHDP BMI Job Aid⁴</i></p>	<p>There are a variety of methods for calculating BMI number.</p> <p><i>Practice using office-preferred method: BMI calculator or BMI wheel. Show example of small error in height and weight measure and the significant effect on BMI number.</i></p>
<p>Importance of BMI-for-Age Percentile</p>	<ul style="list-style-type: none"> • Growth percentile that is used to determine weight status in children and adolescents • BMI number, age and gender of child are combined on a single growth chart
<p>Accurate Plotting on CDC Growth Chart</p>	<ul style="list-style-type: none"> • For children/adolescents, BMI must be plotted on the "BMI-for-Age Percentile Growth Chart" in order to compare to other children and determine an individual growth pattern • Select the appropriate growth chart based on gender and age • Plot BMI number by age on the correct growth chart to determine BMI-for-Age Percentile <p><i>Practice selecting growth charts and plotting/recording percentile on growth chart.</i></p>

<p>Clinical Interpretation- <i>For Clinical Staff</i></p> <p><i>Resource:</i> <i>CMAF Toolkit, Chap. 2 ¹</i></p>	<ul style="list-style-type: none"> • Identify the “five” weight (nutritional) status categories of BMI-for-Age Percentile • The physical exam and medical history are considered before making a diagnosis of overweight/obesity and when ordering additional medical tests • Clinical staff uses BMI-for-Age Percentile to make a diagnosis and provide appropriate counseling
<p>Accurate Documentation in the Medical Record and on Other Forms</p>	<p>Assist staff in determining where/how to consistently record BMI-for-Age Percentile</p> <ul style="list-style-type: none"> ○ Growth chart and medical record ○ For CHDP, use the CHDP Screening/Billing Report form, PM 160 ○ For Health Plans, use V codes for BMI Percentile

CORE MATERIALS

Resources (The following resources directly correspond to this curriculum section.)

1. CMAF Child and Adolescent Obesity Provider Toolkit:
<http://www.calmedfoundation.org/projects/obesityProject.aspx>
2. CHDP Provider Training, “Assessing Child Growth using the BMI-for-age Growth Charts”:
<http://www.dhcs.ca.gov/services/chdp/Pages/BMITraining.aspx>
3. CHDP Provider Training, “How to Accurately Weigh and Measure Children for the CHP Well-Child Exam”:
<http://www.dhcs.ca.gov/services/chdp/Pages/BMITraining.aspx>
4. CHDP BMI Job Aid includes:
 - BMI-for-Age Percentile Reference (for posting)
 - Instructions for Determining and Recording BMI-for Age Percentile
 - Definitions and Tools for Obtaining BMI-for Age Percentile (with links to BMI calculator sources)
<http://www.dhcs.ca.gov/services/chdp/Documents/Letters/chdppin0802.pdf>

Additional materials

1. CDC BMI-for-Age Percentile Growth Charts available at CDC website:
 - Boys ages 2 – 20
<http://www.cdc.gov/nchs/data/nhanes/growthcharts/set1/chart15.pdf>
 - Girls ages 2 - 20
<http://www.cdc.gov/nchs/data/nhanes/growthcharts/set1/chart16.pdf>
2. CDC BMI online calculator: <http://apps.nccd.cdc.gov/dnpabmi/>
3. Ordering Information for BMI Wheels:

The BMI wheel is an easy-to-use tool for rapid and accurate calculation of Body Mass Index (BMI) number. It is CD-sized and has a double-sided design to calculate BMI number using a single wheel. Companies who make BMI wheels include:

Trowbridge and Associates- <http://www.trowbridge-associates.com>
Perspective Enterprises - <http://www.perspectiveent.com/>
IWA Incorporated- <http://www.IWAslidecharts.com/>

MODULE 2

Training Objectives for Preventive Counseling

By the end of this training module, participants will:

- Understand the importance of using sensitive language with parents and children/ adolescents and be able to use one example
- Practice and apply key components of “brief focused advice”
- Utilize the poster, “Little changes. Big rewards. Are you ready?” to initiate counseling on nutrition and physical activity
- Understand that nutrition and physical activity counseling are important to document in the medical record or on other specific forms

Instructional Plan for Preventive Counseling Preventive Counseling

Audience: This module is primarily directed to medical providers

Reference: CMAF Toolkit, Chapters 2 and 3

Introduction: Medical providers have an important role in childhood obesity which starts with interpreting and communicating the results of the BMI screen regardless of weight status. It may be uncomfortable to provide counseling to overweight children/families as the topic can be sensitive. Research has shown that physician communication is key to a patient’s motivation to make necessary changes in lifestyle. Evidence-based prevention and treatment messages can be effectively used to initiate lifestyle counseling.

<u>Skill Sets</u>	<u>Important Points</u>
BMI Overview <i>Resource: BMI Screening, Module 1</i>	<ul style="list-style-type: none">• Screen weight status using BMI for all children over 2 years of age, measure annually and accurately• Consistent and accurate heights and weights• Clinicians routinely communicate weight status, during well-child exams• For overweight and obese children, use BMI-for-Age Percentile to determine the need for ordering labs and follow-up visits

<p>Brief Focused Advice</p> <p><i>Resources:</i> CMAF Toolkit, Chap. 3 ¹ CHDP Provider Training, "Counseling the Overweight Child"² CHDP/Kaiser poster, "Little changes. Big rewards. Are you ready?"³</p>	<ul style="list-style-type: none"> • Medical provider advice does make a difference in patient's behavioral changes. (<i>Kreuter et. al. Arch Fam Med. 2000</i>) • Communication techniques with families/children <ul style="list-style-type: none"> ○ Who to communicate with ○ Time required <p>Brief Focused Advice includes:</p> <ul style="list-style-type: none"> ○ Engage the patient/parent ○ Share Information ○ Make a key advice statement ○ Arrange for follow-up <p>Key Messages (<i>show sample CHDP/Kaiser poster</i>)</p> <ul style="list-style-type: none"> ○ Get moving (Exercise) ○ Pull the plug (limit screen time to 1-2 hours/day) ○ Eat smart (5-9 servings of fruits and vegetables/day) ○ Drink well (limit sweet drinks, drink low-fat milk or water) 												
<p>Sensitive Terms</p>	<p>Avoid negative or insensitive terms when addressing overweight with the family. Contrast the following language:</p> <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top;"><u>AVOID:</u></td> <td style="vertical-align: top;"><u>REPLACE WITH:</u></td> </tr> <tr> <td>Ideal weight</td> <td>Healthy weight</td> </tr> <tr> <td>Diets or Bad Foods</td> <td>Healthier food choices</td> </tr> <tr> <td>Exercise</td> <td>Being active or physical activity</td> </tr> <tr> <td>Focus of weight</td> <td>Focus on lifestyle</td> </tr> <tr> <td>Personal improvement</td> <td>Family improvement</td> </tr> </table> <p><i>Open dialogue with patients by getting permission, for example, "Can we take a few minutes together to discuss your health and weight?"</i></p>	<u>AVOID:</u>	<u>REPLACE WITH:</u>	Ideal weight	Healthy weight	Diets or Bad Foods	Healthier food choices	Exercise	Being active or physical activity	Focus of weight	Focus on lifestyle	Personal improvement	Family improvement
<u>AVOID:</u>	<u>REPLACE WITH:</u>												
Ideal weight	Healthy weight												
Diets or Bad Foods	Healthier food choices												
Exercise	Being active or physical activity												
Focus of weight	Focus on lifestyle												
Personal improvement	Family improvement												
<p>Role Play</p> <p><i>Resource:</i> CHDP Provider Training, "Counseling the Overweight Child"²</p>	<ul style="list-style-type: none"> • <i>Practice scripted role play with two or more participants</i> • <i>Discuss key concepts from the role play experience</i> • <i>Discuss how can you start to use this technique in your practice?</i> 												
<p>Tools for Making Changes</p> <p><i>Resource: CHDP My Healthy Lifestyle Goal Tracker Goal Tracker</i>⁴</p>	<p>If parents/children are willing to engage, consider using the CHDP My Healthy Lifestyle Goal Tracker with the CHDP/Kaiser poster for:</p> <ul style="list-style-type: none"> • Developing strategies • Weekly goal setting • Behavior tracking 												
<p>Accurate Documentation in the Medical Record and on Other Forms</p>	<p>Assist staff in determining where/how to consistently record nutrition and physical activity counseling.</p> <ul style="list-style-type: none"> ○ Medical record ○ For CHDP, use the CHDP Screening/Billing Report form, PM 160 to note Anticipatory Guidance <p>For Health Plans, use Staying Healthy Assessment</p>												

CORE MATERIALS

Resources: (The following resources directly correspond to this curriculum section.)

1. CMAF Child and Adolescent Obesity Provider Toolkit:
<http://www.calmedfoundation.org/projects/obesityProject.aspx>
2. CHDP “Counseling the Overweight Child”:
<http://www.dhcs.ca.gov/services/chdp/Pages/CounselTraining.aspx>
3. CHDP/Kaiser poster, “Little Changes, Big Rewards. Are you ready?”
<http://www.dhcs.ca.gov/services/chdp/Documents/Letters/chdpin08E.pdf>
4. CHDP My Healthy Lifestyle Goal Tracker:
<http://www.sacdhhs.com/article.asp?ContentID=2011>

MODULE 3

Training Objectives for Clinical Follow-up and Resources

By the end of this training module, participants will:

- Understand the following basic clinical guidelines from:
 - AMA Expert Committee Recommendations on the Assessment, Prevention, and Treatment of Child and Adolescent Overweight and Obesity and
 - National Initiative for Children's Healthcare Quality (NICHQ) Implementation Guidelines, Childhood Obesity Assessment and Treatment Algorithm and follow-up protocols for overweight and obese children and adolescents
- Identify the key assessment and treatment components of NICHQ Steps 1 and 2 (Obesity Prevention at Well Care Visits and Prevention Plus)
- Understand the role of the primary care provider regarding clinical follow-up and how to use resources for the family of the overweight child
- Learn about community-based and health plan resources to support the educational needs of families dealing with overweight and obesity
- Understand that clinical follow-up and referral to resources (community or specialty care) are important to document in the medical record and on other specific forms
- Understand the role of providers as community leaders and advocates regarding childhood obesity

Instructional Plan for Follow-up and Resources Clinical Follow-up and Resources

Audience: This module is primarily intended for medical providers.

Reference: CMAF Toolkit Chapters 2, 4, 5, 7, 8 and 9.

Introduction: Obesity Prevention at Well Care Visits is Step 1 of the NICHQ Childhood Obesity Action Network Implementation Guidelines. It provides a primary care format for clinical follow-up and treatment visits for the overweight/obese child, based on 2007 AMA Expert Committee Recommendations. Because obesity treatment is lifestyle based, medical providers can extend the effectiveness of clinical intervention in the office by referring to community resources that help facilitate family lifestyle changes.

<u>Skill Sets</u>	<u>Important Points</u>
Role of the Medical Provider	<ul style="list-style-type: none"> • Medical providers have a key role in communicating weight (nutritional) status, counseling families to make lifestyle changes and providing clinical follow-up of overweight children. • Convey concern about weight (nutritional) status (based on BMI Percentile) in a sensitive way and engage the family regarding positive lifestyle changes • Document provision of counseling (dialogue) on nutrition and physical activity. • Order lab tests as indicated to further assess • Check for high blood pressure, especially in older children • Determine follow-up approach and when to make a referral for more intervention and/or specialty care
Why is the medical provider so critical to identifying and managing childhood obesity?	<ul style="list-style-type: none"> • The patient (parent) recognizes the medical provider as the authority on their child's health, and needs to hear from the medical provider if there is a health concern due to weight. • Even if there is a program to refer the child/family to, many families will not go and will rely on the medical provider for help. • Follow-up will fall on the medical provider at future well-child checkups or interval visits. • Many patients will begin to make lifestyle changes in response to primary care visits. • The medical provider can prevent the progression of future co-morbidities.

<p>Prevention Plus</p> <p><u>Resources:</u> CMAF Toolkit, Chapter 8 ¹ CHDP/Kaiser poster ²</p>	<p>Prevention Plus basically applies to age specific cutoffs for body mass index:</p> <ul style="list-style-type: none"> • 85th-94th percentile with health risks • \geq 95th percentile <ul style="list-style-type: none"> • How often should the patient return for follow-up? <ul style="list-style-type: none"> ○ Based on risk factors and readiness of family ○ Frequency range – 1 week to 2-3 months ○ BMI check every 3-6 months • How to improve compliance with follow-up visits <ul style="list-style-type: none"> ○ Ask only high-risk to return (<i>“I am very concerned about your high blood pressure. Can we re-check it in 2 weeks?”</i>) ○ Ask about interest in returning (<i>“Would you be willing to return in 1-2 weeks to discuss lab work and any issues you would like to work on?”</i>) ○ Make a strong advice statement (<i>I am really concerned about your health and would like you to return in 2 weeks so we can discuss this further.”</i>) ○ Ask about follow-up preferences: phone call, in-office visit (<i>Would you be interested in coming back for a follow-up visit or would a phone call be more convenient?”</i>) <p><i>Discuss healthy lifestyle behaviors and treatment goals – Little changes. Big reward. Are you ready? (Show poster)</i></p>
<p><u>Optional:</u> Clinical Management of Overweight/Obesity</p> <p><u>Resources:</u> CMAF Toolkit, Chapters 4 and 8 ¹</p>	<p>Trainers should highlight that clinical guidelines are available in the CMAF Toolkit; this information will not need to be presented:</p> <ul style="list-style-type: none"> • Definition of BMI percentile/weight status • Obesity assessment and treatment • Management/maintenance • Blood Pressure Table • Laboratory Assessment • Pharmacotherapy

<p>Finding Community Resources and Health Education Materials</p> <p><i>Resources:</i> <i>CMAF Toolkit, Chapters 5, 7 and 9</i>¹</p> <p><i>CHDP Resource Template for Listing Community Resources for Prevention and Treatment of Child and Adolescent Overweight and Obesity</i>³</p> <p><i>WIC Healthy Habits Campaign</i>⁴</p>	<p>Discuss the following options as sources for health education/resources that will assist with provider intervention and counseling:</p> <ul style="list-style-type: none"> • Health plan sponsored programs/services • Community agencies that offer activities for children and families: YMCA, Boys and Girls Club, parks and recreation departments. • After school programs for children or adult education classes and community college classes for parents (parenting, nutrition classes, cooking classes) • Public health programs, such as CHDP and WIC provide assistance with nutrition education. WIC addresses perinatal to age 5 years, Healthy Habits Campaign • Local childhood obesity coalition activities <p><i>Bring sample handouts or flyers for community programs. Encourage providers to copy and use them when counseling.</i></p> <p><i>Promote health education materials with appropriate reading level and cultural point-of-view of written materials. Have materials in threshold languages.</i></p>
<p>Accurate Documentation in the Medical Record and on Other Forms</p>	<p>Assist staff in determining how to consistently record clinical follow-up and referral to community resources and/or specialty care</p> <ul style="list-style-type: none"> ○ Medical record ○ For CHDP, use the CHDP Screening/Billing Report form, PM 160 to note Follow-up Code

CORE MATERIALS

Resources: *(The following resources directly correspond to this curriculum section.)*

1. CMAF Child and Adolescent Obesity Provider Toolkit:
<http://www.calmedfoundation.org/projects/obesityProject.aspx>
2. CHDP/Kaiser poster, "Little Changes, Big Rewards. Are you ready?"
<http://www.dhcs.ca.gov/services/chdp/Documents/Letters/chdpin08E.pdf>
3. CHDP Resource Template for Listing Community Resources for Prevention and Treatment of Child and Adolescent Overweight and Obesity:
<http://www.dhcs.ca.gov/services/chdp/Documents/Letters/chdpin08C.pdf>
4. WIC Healthy Habits Campaign:
<http://ww2.cdph.ca.gov/programs/wicworks/Pages/WICHealthyHabitsCampaign.aspx>

Supplemental Training Materials

- Health Net Flip Chart: “Pediatric and Adolescent Obesity Assessment and Management Guidelines, A Summary to the Companion Childhood and Obesity Provider Toolkit”
- List of Medi-Cal Managed Care Health Plans patient education materials: “Pediatric Obesity and Patient Education Resource Guide”
- CHDP Materials (See *Core Materials section for web links*):
 - Counseling the Overweight Child Tip Sheet
 - Brief Focused Advice Role Playing Script
 - BMI Job Aid
 - My Healthy Lifestyle Goal Tracker (English and Spanish)
- New WIC Foods Healthy Habits Everyday (See *Core Materials section for web link*):
- Sample evaluation form

Reference Websites

- 2007 American Medical Association (AMA) Expert Committee Recommendations on the Assessment, Prevention, and Treatment of Child and Adolescent Overweight and Obesity
http://pediatrics.aappublications.org/cgi/reprint/120/Supplement_4/S164?maxtoshow=&HITS=10&hits=10&RESULTFORMAT=&fulltext=Expert+Committee+Recommendations+on+Assessment%2C+Prevention+and+Treatment+of+Child+and+Adolescent+Obesity&searchid=1&FIRSTINDEX=0&sortspec=relevance&resourcetype=HWCIT
- National Initiative for Children’s Healthcare Quality (NICHQ), Childhood Obesity Action Network:
http://www.nichq.org/childhood_obesity/index.html

HANDOUTS



Body Mass Index (BMI)-for-Age Percentile Reference (For posting)

1. Determine accurate weight and height

Record measurements on the data entry table on the CDC/NCHS growth chart and PM 160



Calibrated Scale

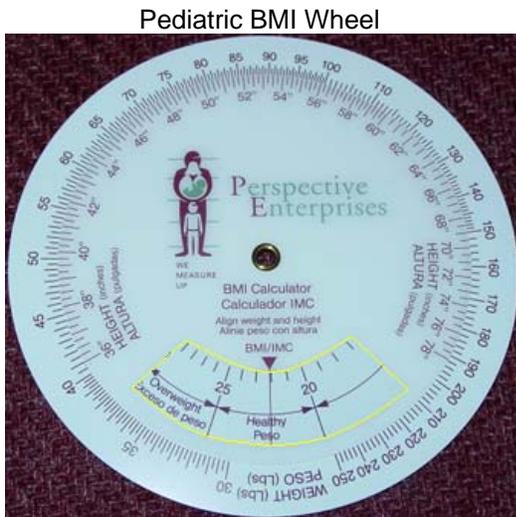


Stadiometer

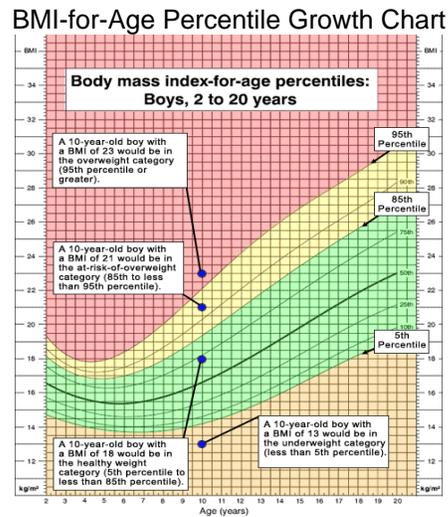
2. Determine BMI value

Record on data entry table/growth chart

3. Plot BMI value on BMI-for-age percentile growth chart



Line up height and weight
Read value in window



<http://www.cdc.gov/growthcharts>

4. Record BMI-for-age percentile on the PM 160

Example:

Age/Sex: 3 year old boy

HEIGHT IN INCHES 0 3 9 2 4	WEIGHT LBS OZS 0 4 1 0 0	BODY MASS INDEX (BMI) PERCENTILE 9 7 %	BLOOD PRESSURE
HEMOGLOBIN	HEMATOCRIT		BIRTH WEIGHT LBS OZS

Height: 39 ½ inches Weight: 41 pounds BMI Value: 18.5 kg/m²

Estimated BMI Percentile (read from growth chart): ≥ 95th %ile (Record best estimate)

or Calculated BMI Percentile (from calculator): 97th %ile (Record 97)

Weight Category: “Obese” (Provider interprets weight category.) Record in “Comments” box.



Definitions and Tools for Obtaining BMI-for-Age Percentile

What Is BMI?

Body Mass Index (BMI) is a value calculated from an individual's weight and height. BMI provides a reliable indicator of body fatness for most individuals and is used to **screen** weight categories and health problems associated with weight.

How Do I Calculate BMI?

BMI value is calculated by using an equation or a calculating tool.

English Formula: $Weight\ in\ pounds \div Height\ in\ inches \div Height\ in\ inches \times 703 = BMI\ value$

Metric Formula: $Weight\ in\ kilograms \div Height\ in\ meters \div Height\ in\ meters = BMI\ value$

(Calculating tools: CDC online calculator, BMI wheels and software programs use this equation)

What Is BMI-for-Age Percentile?

The BMI-for-age percentile provides a comparison of one child's BMI value to other children who are the same age and sex. BMI value and BMI-for-age percentile are **NOT** the same. BMI value must be plotted on the CDC/NCHS BMI-for-age percentile growth chart for children (2-20 years) in order to provide a comparison to other children their age and sex. *(For recommended growth charts, go to:*

<http://www.cdc.gov/growthcharts> Individual Growth Charts, Set 2, Body mass index-for-age percentile – boys and girls, 2-20 years.) Growth charts display a range of percentiles; the major percentile channels between 5-95th percentiles are marked by channel lines. For example, when a child's BMI value is plotted at the 95th %, this means their BMI is the same or higher than 95 percent of other children who are the same age and sex. American Medical Association and American Academy of Pediatrics recommend tracking growth measurements (including BMI) over time and plotting them to determine a child's growth trend and possible health problems associated with weight.

Tools to Determine BMI Value and BMI-for-Age Percentile

Centers for Disease Control and Prevention (CDC)

BMI Calculator for Child and Adolescent:

Online software that calculates **BMI percentile** from height, weight, age and sex data

<http://apps.nccd.cdc.gov/dnpabmi/Calculator.aspx>

(Free, easy-to-use, precise, requires computer access, printable)

BMI Table for Calculated Body Mass Index (BMI) Values for Selected Heights and Weights for Ages 2 to 20 Years: <http://www.cdc.gov/nccdphp/dnpa/bmi/00binaries/bmi-tables.pdf>

Checkbook Size BMI Table: <http://www.cdc.gov/nccdphp/dnpa/bmi/00binaries/bmi-checkbook.pdf>

Online or printable tables of sequential heights and weights for determining BMI value

Plot BMI value on growth chart to determine BMI-for-age percentile.

(Free, requires computer access or printable, somewhat bulky, must graph for percentile)

BMI Wheels (pediatric version)

The BMI wheel is an easy-to-use tool for rapid and accurate calculation of Body Mass Index (BMI) value. It is CD-sized and has a double-sided design to calculate BMI value using a single wheel. Smaller weights and heights are on one side of the wheel (pediatric sized) and higher weights and heights are on the other side (adolescent/adult sized). When ordering, request "**pediatric**" BMI wheels that have 20-450 lb. weight range and BMI values calibrated to tenths. Companies who make BMI wheels include:

➤ Trowbridge and Associates- <http://www.trowbridge-associates.com/>

➤ Perspective Enterprises - <http://www.perspectiveent.com/>

➤ IWA Incorporated- <http://www.IWASlidecharts.com/>

(Some free, easy-to-use, quick readings, mobile, no computer access require, must graph for percentile)

Downloadable software programs for handheld PDAs

For electronic growth charts and BMI-for-age percentile calculations, Stat Coder.Com is one company that provides PDA software for free @ <http://www.statcoder.com/growthcharts.htm>

(Some free, moderate difficulty, precise, mobile, handheld device required)

COUNSELING THE OVERWEIGHT CHILD

Step # 1: Engage the Patient/Parent

- ❑ *Can we take a few minutes to discuss your health and weight?*
- ❑ *How do you feel about your health and weight?*

Step # 2: Share Information

- ❑ *Your current weight puts you at risk for developing adult diseases in childhood such as heart disease and diabetes.*
- ❑ *I would like to share the growth chart with you (BMI-for-age percentiles) so you can see your present weight status.*
- ❑ *What are your thoughts on this?*
- ❑ *Refer to CHDP Kaiser Poster/handout* →
- Is there one of these healthy practices that you would like to work on?*



If patient/parent is **receptive** to discussion ask:
What do you think is contributing to your unhealthy weight?

PROCEED TO STEP # 3

If patient/parent is **not receptive**:
Determine whether patient is a candidate for in-depth assessments (e.g., lab tests as per 2007 AMA Recommendations).

If lab tests are ordered, consider setting up a follow-up appointment to discuss results.

* This is one way to initiate a conversation about weight and health.

Step # 3: Make a Key Advice Statement

- ❑ *I would strongly encourage you to....*
See reverse side for tips to support chosen behavior change.

Step # 4: Arrange for Follow-up

Let's set up an appointment in _____ weeks to check how things are going.

Adapted from 'Brief Focused Advice' Kaiser Permanente ©2004

Prepared by Nutrition Sub-Committee of the Child Health and Disability Prevention (CHDP) Program, December 2008

Tips for Encouraging Behavior Change

Get Moving

At least 1 Hour of Physical Activity a Day

Tips:

- Schedule outdoor time: plan family walks, outings to the park, or bike rides
- Be active indoors: dance, vacuum, make beds, play balloon volleyball
- Sign up for activities through the YMCA, Parks and Rec Dept, schools and community centers (reference – resource guide)

Pull the Plug

Limit Screen Time (TV, Computers & Video Games) to 1 – 2 hours a day

Tips:

- Remove TV and computers from children's bedrooms
- No TV for children under 2 years
- Turn off TV during mealtimes

Drink Well

Limit Sweetened Beverages

Tips:

- Decide what drinks are available in your home
- Offer water or non/low-fat milk instead of juice or soda
- Mix 100% fruit juice with water and limit to:
 - 4-6 oz. for 1-6 years
 - 8-12 oz for 7-18 years

Eat Smart

Eat More Fruits & Vegetables

Tips:

- Offer fruits for snacks instead of chips, cookies, and candy
- Choose frozen or canned vegetables if fresh are not available
- Cut up fruits and vegetables so that they are ready to eat

Eat Less Fast Food

Tips:

- Order the smallest size food/beverage
- Prepare homemade meals in advance to avoid the temptation of fast food
- Avoid “extras” like cheese, bacon, and mayo

Eat Breakfast Daily

Tips:

- Stock kitchen with easy to grab breakfast items (fruits, mini bagels, cheese sticks, yogurt)
- Check if the school has a breakfast program
- Eat breakfast with your child

Limit Portion Size

Tips:

- Serve food on smaller plates (Note that a child's stomach is the size of his/her fist)
- Keep serving dishes off the table
- Split an entrée or take half home when eating out

My Healthy Lifestyle Goal Tracker

Keeping track helps me make changes (See back page for helpful tips.)

Get Moving

Aim for at least 60 minutes of activity a day*

Color in **one circle for each 30 minutes** that you are active.

My goal is to Get Moving ___ hour(s) a day.

Monday	<input type="radio"/>					
Tuesday	<input type="radio"/>					
Wednesday	<input type="radio"/>					
Thursday	<input type="radio"/>					
Friday	<input type="radio"/>					
Saturday	<input type="radio"/>					
Sunday	<input type="radio"/>					

To Get Moving this week, I will:

* To view the 2008 Physical Activity Guidelines for Americans, visit www.cdc.gov/physicalactivity/

Eat Smart

Aim for 5 to 9 servings of fruits and vegetables a day*

Color in **one circle for each serving** of fruit or vegetables you eat.

My goal is to Eat ___ servings a day.

Monday	<input type="radio"/>								
Tuesday	<input type="radio"/>								
Wednesday	<input type="radio"/>								
Thursday	<input type="radio"/>								
Friday	<input type="radio"/>								
Saturday	<input type="radio"/>								
Sunday	<input type="radio"/>								

To Eat Smart this week, I will:

* Recommended number of servings varies by age, sex and level of activity. Visit www.fruitsandveggiesmatter.gov for more information.

Pull the Plug

Limit screen time to 1 to 2 hours a day

Color in **one circle for each 30 minutes** that you had any screen time. **Limit** TV, computer, and video game time.

My goal is to have no more than ___ hour(s) of screen time a day.

Monday	<input type="radio"/>				
Tuesday	<input type="radio"/>				
Wednesday	<input type="radio"/>				
Thursday	<input type="radio"/>				
Friday	<input type="radio"/>				
Saturday	<input type="radio"/>				
Sunday	<input type="radio"/>				

To Pull the Plug this week, I will:

Drink Well

Choose water and non-fat milk

Color in **one circle for each glass** of non-fat milk and water that you drink. **Limit** soda, sports drinks, juice, & sweetened drinks.

My goal is to drink ___ glasses of non-fat milk and water a day.

Monday	<input type="radio"/>						
Tuesday	<input type="radio"/>						
Wednesday	<input type="radio"/>						
Thursday	<input type="radio"/>						
Friday	<input type="radio"/>						
Saturday	<input type="radio"/>						
Sunday	<input type="radio"/>						

This week, I will Drink Well by choosing:

Tips for Families

Get Moving

Aim for at least 60 minutes of activity a day

Tips to help you Get Moving

Parents Can:

- **Set a good example.** Be active and get your family to join you.
- **Involve** kids in active household chores.
- **Schedule outdoor time.** Plan a weekly activity.
- **Get out and move.** Take your family to the park or pool. Organize family walks or bike rides.
- **Sign up for physical activity.** Join the YMCA, sign up for team sports. Local schools and community centers have free/low cost activity programs.
- **Partner with other parents.** Create activities with other parents, carpool to sport events.

Kids Can:

- **Be a starter.** Start an activity club at school or in your neighborhood. Hold group events such as a jump rope contest, walk-a-thon, bike-a-thon, dance-off.
- **Have fun.** Choose activities that you enjoy.
- **Be active daily.** Whether you are inside or outside put activity in everything you do. Walk your dog, ride your bike, walk to school, dance.

Eat Smart

Aim for 5 to 9 servings* of fruits and vegetables a day

Tips to help you Eat Fruit and Veggies

Parents Can:

- **Take a stand.** Decide which snacks are brought into your home.
- **Make the switch.** Replace chips with fruit or raw veggies. Add dark green and orange veggies to recipes/meals.
- **Offer fresh foods.** Choose fresh or frozen in place of fruit juice.
- **Make food fun and appealing.** Fresh fruit and veggies cut into fun shapes taste better.

Kids Can:

- **Be a helper.** Help prepare fresh fruit and vegetables.
- **Try new foods.** Enjoy a new fruit or veggie.
- **Make a smart choice.** Choose fruit or vegetables with a low-fat dip as a healthy snack.

Families Can:

- Fuel up with breakfast every morning.
- Make a shopping list together. Prepare and eat healthy meals together at home.
- Organize a healthy snack drawer.
- Take turns choosing favorite healthy foods.

Pull the Plug

Limit screen time to 1 to 2 hours a day

Tips for Limiting Screen Time

Parents Can:

- **Take the lead.** Make a list with family members of 5 activities that replace TV.
- **Turn it off.** You decide how much screen time your family has each day.
- **Keep it out of the bedroom.** Remove TVs and computers from the bedroom.
- **Tune in to dinner.** Turn off the TV during mealtimes. Focus on sharing a meal together.
- **Get support.** Ask other parents what they do to help reduce their family's screen time.

Kids Can:

- **Go screen-free.** Make your bedroom a screen-free zone.
- **Make a choice.** Choose physical activity over TV viewing or computer time each day.
- **Do something different.** Ask friends what they do instead of watch TV or use the computer. Then, try a new activity!
- **Get more active.** Get friends and family to join you.

Drink Well

Choose water and non-fat milk

Tips for Choosing Healthy Drinks

Parents Can:

- **Be a teacher.** Teach healthy habits. Drink 6-8 glasses of water daily and non-fat milk with meals.
- **Take charge.** Decide what drinks will be available in your home.
- **Offer healthy choices.** Make sure that non-fat milk and water are available instead of juice or soda.
- **Compromise.** Mix 100% juice with half water.
- **Plan ahead.** Remember, kids get thirsty sooner than adults- make sure cold water is always available.
- **Be aware.** Sweetened beverages often provide more calories than a meal. Know what you're drinking. Read the label together and make a healthy choice.

Kids Can:

- **Be "soda-free"** for a day, a week, a month.
- **Drink smart.** Your body needs non-fat milk and water. Quench your thirst with water first.
- **Be prepared.** Carry a water bottle.
- **Read the label.** Choose non-fat milk or 100% juice and reduce your serving size.

Mi Medidor de Buena Salud

Observando mi progreso, me ayuda a hacer cambios (Voltea la pagina por más información)

¡Muévanse todos!

Aspire a un mínimo de 60 minutos de actividad al día*

Marque **un círculo por cada 30 minutos** que este activo

Mi meta es hacer ejercicio(s) ____ hora(s) al día.

Lunes	<input type="radio"/>					
Martes	<input type="radio"/>					
Miércoles	<input type="radio"/>					
Jueves	<input type="radio"/>					
Viernes	<input type="radio"/>					
Sábado	<input type="radio"/>					
Domingo	<input type="radio"/>					

Para comenzar esta semana, voy a:

* Para ver el 2008 Pautas físicas de la actividad para los americanos, visita http://www.cdc.gov/spanish/hojas/actividad_fisica.html

Coman bien

Aspire a comer de 5 a 9 porciones de frutas y verduras al día*

Marque **un círculo por cada porción** de frutas o verduras que coma

Mi meta es comer ____ porciones al día.

Lunes	<input type="radio"/>								
Martes	<input type="radio"/>								
Miércoles	<input type="radio"/>								
Jueves	<input type="radio"/>								
Viernes	<input type="radio"/>								
Sábado	<input type="radio"/>								
Domingo	<input type="radio"/>								

Para comer bien esta semana, voy a:

* El número de porciones recomendado varían por la edad, el género y el nivel de actividad. Visita www.fruitsandveggiesmatter.gov para más información

¡Apaguen la tele!

Límite el tiempo de pantalla a 1 o 2 horas al día

Marque **un círculo por cada 30 minutos** que usted pase enfrente de una pantalla. **Límite** el tiempo de la televisión, la computadora, y los juegos de video.

Mi meta es de pasar menos de ____ hora(s) enfrente de la pantalla al día.

Lunes	<input type="radio"/>				
Martes	<input type="radio"/>				
Miércoles	<input type="radio"/>				
Jueves	<input type="radio"/>				
Viernes	<input type="radio"/>				
Sábado	<input type="radio"/>				
Domingo	<input type="radio"/>				

Para reducir mi tiempo enfrente de la pantalla, voy a:

Elijan sus bebidas

Escoja agua y leche sin grasa

Marque **un círculo por cada vaso** de agua o leche sin grasa que beba. **Límite** las sodas, bebidas deportivas, jugos y bebidas azucaradas.

Mi meta es de beber ____ vaso(s) de agua y leche sin grasa al día.

Lunes	<input type="radio"/>							
Martes	<input type="radio"/>							
Miércoles	<input type="radio"/>							
Jueves	<input type="radio"/>							
Viernes	<input type="radio"/>							
Sábado	<input type="radio"/>							
Domingo	<input type="radio"/>							

Para beber saludablemente, escogeré beber:

Consejos para Padres de Familia

¡Muévanse todos!

Aspire a un mínimo de 60 minutos de actividad al día*

Consejos para ayudarle a empezar

Los padres pueden:

- **Establecer un buen ejemplo.** Sea activo e invite a su familia a que le acompañe en sus actividades.
- **Involucrar a los niños** en los quehaceres de la casa.
- **Planear tiempo al aire libre.** Planee actividades cada semana.
- **Salir y mantenerse activos.** Lleve a su familia al parque o una piscina a nadar. Organice caminatas o paseos en bicicleta.
- **Inscribirse a una actividad física.** Las escuelas y los centros comunitarios tienen programas y actividades que son gratis o de bajo costo.
- **Unirse con otros padres.** Crear actividades con otros padres, como manejar juntos a las actividades deportivas de los hijos.

Los niños pueden:

- **Ser líderes.** Organice un club de actividades en tu escuela o barrio que incluyan el saltar a la cuerda, andar en bicicleta, caminar a la escuela o bailar.
- **Divertirse.** Escoja actividades que te gustan.
- **Ser activos todos los días.** Si esta dentro de casa o fuera trata de ser lo mas activo posible. Lleva a tu perro a caminar, anda en bicicleta, ve a la escuela caminando, baila.

Coman bien

Aspire a comer de 5 a 9 porciones de frutas y verduras al día*

Consejos para ayudarle a comer frutas y verduras

Los padres pueden:

- **Poner atención.** Decida cuales botanas va a darle a su familia.
- **Hacer cambios.** Reemplace los chips con frutas o verduras crudas. Agregue verduras de color verde y naranja a las recetas/ comidas.
- **Ofrecer comidas frescas.** Escoja comidas frescas o congeladas en vez de jugos de fruta procesados.
- **Hacer las comidas divertidas y atractivas.** Corte las frutas y verduras en formas divertidas.

Los niños pueden:

- **Ayudar.** Ayude a preparar las frutas y verduras.
- **Descubrir nuevas aventuras.** Pruebe nuevas frutas o verduras.
- **Tomar buenas decisiones.** Escoja botanas saludables como fruta o verdura con un "dip" o salsa que tenga menos grasa.

Las familias pueden:

- Desayunar todas las mañanas.
- Hacer una lista de compras y comer juntos en la casa.
- Crear un cajón de botanas saludables.
- Alternar sus comidas saludables favoritas.

¡Apaguen la tele!

Límite el tiempo de pantalla a 1 o 2 horas al día

Consejos para limitar el tiempo de pantalla

Los padres pueden:

- **Tomar control.** Haga una lista con su familia de 5 actividades que van a reemplazar el ver televisión.
- **Apagar.** Decida cuanto tiempo su familia va estar enfrente de una pantalla diariamente.
- **Sáquela de la recamara.** Quite la televisión y las computadoras de las recamaras.
- **Poner atención a hora de cenar.** Apague la televisión. Ponga atención y escuche a sus hijos a la hora de la comida.
- **Buscar apoyo.** Pregúntele a otros padres de familia como reducen su tiempo enfrente de la pantalla.

Los niños pueden:

- **Estar sin pantalla.** Saque la pantalla de su recamara.
- **Tomar una decisión.** Escoja una actividad física en vez de ver televisión o de estar en la computadora.
- **Tratar de hacer algo diferente.** Pregunte a sus amigos que actividades hacen en vez de ver la televisión o de estar en la computadora.
- **Hacer más actividades.** Invite a sus amigos y familia a jugar con usted.

Elijan sus bebidas

Escoja agua y leche sin grasa

Consejos para escoger bebidas nutritivas

Los padres pueden:

- **Enseñar.** Enseñe hábitos saludables. Tome de 6 a 8 vasos de agua al día y leche sin grasa con comidas.
- **Tomar control.** Decida cuales bebidas van a estar disponibles en su casa.
- **Ofrecer opciones saludables.** Asegúrese que agua y leche sin grasa estén disponibles en vez de jugo o soda.
- **Diluir.** Agregué agua a jugos altos en azúcar.
- **Planear.** Recuerde que los niños tienen sed más frecuentemente que los adultos- asegúrese que tenga agua fría disponible.
- **Ser conscientes.** Las bebidas azucaradas tienen más calorías que la comida. Infórmese de lo que esta bebiendo. Lea la información nutritiva de las bebidas para que pueda tomar una buena decisión.

Los niños pueden:

- **No beber soda** por un día, semana o mes.
- **Beber bien.** Su cuerpo necesita agua y leche sin grasa. Tome agua primero.
- **Prepararse.** Lleve una botella de agua contigo.
- **Lee la etiqueta.** Escoja leche sin grasa o 100% jugo y reduzca las porciones.



New WIC Foods

healthy habits every day

Effective October 2009, California WIC agencies issue expanded WIC food packages to accompany carefully researched health messaging strategies designed to promote behavior change and healthy habits every day. This first comprehensive revision since 1980 closely aligns WIC food packages with current American Academy of Pediatrics feeding practice guidelines and the U.S. Dietary Guidelines for Americans.

The following is a summary of the information physicians should know about WIC's new food packages;

- Improved support for the establishment of long-term breastfeeding by:
 - ✓ supporting mothers who want to breastfeed by providing breastfeeding education and support instead of formula in the first 30 days postpartum
 - ✓ providing increased amounts of food for breastfeeding mothers
 - ✓ providing increased amounts of infant fruits and vegetables and infant meats for fully breastfed babies
- Infants 6-11 months old receive less formula and receive infant fruits and vegetables instead
- The amounts of milk, eggs and juice are reduced, and juice is eliminated from infant food packages.
- Fruits and vegetables are available to WIC women, infants and children.
- Health care providers are required to document on the WIC referral form both WIC foods **and** formula issued to **medically fragile** WIC infants, children and women. To view the requirements related to healthcare providers go to [USDA Revisions in the WIC Food Packages; Interim Rule](#). Information about the new WIC foods and WIC's Healthy Habits Campaign can be viewed at [California WIC Program](#) at the [New WIC Food Packages](#) and the [Healthy Habits Campaign](#) links. To see the new WIC Referral Form, go to the [Health Professionals](#) link.

WIC is an equal opportunity employer and provider.



BRIEF FOCUSED ADVICE – Role Playing Skit for CHDP Counseling the Overweight Child

This is not an exact script; it provides an opportunity to experience the Brief Focused Advice counseling technique. The child depicted in the skit is approximately 8 years old. For children > 6 years old, communicate with the parent or both the child and parent. The tools used in this skit are available from the CHDP program.

Engage the Patient/Parent

Dr. Smith: [To both]: Is it ok if we talk about your health and weight today? Do you have concerns about Roberto's health?

Mrs. Mom: Yes, we're all a little overweight in our family. I've wondered if my older son's and my husband's diabetes were caused by being overweight. I don't want this to happen to Roberto. I am concerned that Roberto seems to like watching TV all day.

Dr. Smith: Roberto, how are you feeling about your weight and health and what your mom said about TV?

Roberto: I guess I'm bigger than most kids in my class. Some kids at school call me names. I watch TV because there is nothing else to do after school.

Share Information

Dr. Smith [To both]: That must be hard. **[Points to the growth chart]** If you look at your growth chart, you'll see that Roberto falls above the area that we consider a healthy weight, increasing his risk for developing diseases like your family members. Let's talk about some small changes that the whole family can make to be healthier. Can we take some time to talk about what you can do as a family to make healthier food choices and add fun activity?

Roberto: Okay.

Mrs. Mom: Yes, I would like to talk with you. I don't want Roberto to be unhealthy or other kids to make fun of him.



Dr. Smith: [To mom] I understand. I'm sure you want him to be happy and healthy.

[Points to 'Little changes. Big rewards.' Poster] This poster shows important changes that will improve Roberto's health and weight. For today, let's pick just one of these simple steps to focus on. Roberto, which one would you pick?

Roberto: I like to play basketball at school, so how about the "Get Moving" one?

Dr. Smith: That sounds like fun. Mom, what do you think?

Mrs. Mom: Playing ball at school is great, but at home he just wants to watch TV. I know if Roberto went outside to play he would feel better and have fun.

Roberto: But there's no one to play with outside. It's boring.

Make a Key Advice Statement

Dr. Smith: [To both]: Well, let's talk about that. It's important to be physically active for 1 hour every day. Maybe there are some parks by your house where you can go play with your family and friends. **[Refer to the CHDP Resources to Prevent and Treat Child/Adolescent Overweight]** The Parks Department may have a group or activity class with kids your age that you can join. What do you think about that?

Roberto: That sounds okay.

Dr. Smith: [To mom] I've written down the Parks Department information. Can you call them this week?

Mrs. Mom: It's not too far from our home. We could walk there.

Arrange for Follow Up

Dr. Smith: Roberto, I know you can do this since you're already active at school. **[Give the Goal Tracker sheet and circle the 'Get Moving' box]** Mrs. Mom, here is a Goal Tracker that you and Roberto can use to keep track of activities. See the 'Get Moving' box; it helps you set a goal and track your progress. Let's set a time for another visit and please bring the tracker in so we can discuss your progress.

Mrs. Mom: That sounds good, thank you. I think more activity is a good first step for us.